NYC REMAC

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Title:	**Ebola Viral Disease (EVD) Updated Information for EMS Personnel**		
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The CDC has revised signs or symptoms for identification of Potential Ebola Patients: fever may or may not be present. Refer to previous NYC REMAC Advisories (2014-06 and 2014-07), for additional information.

Revised Criteria:

Patient must have fever or compatible signs or symptoms AND a travel history to an affected area within 21 days before illness onset to be identified as possibly having Ebola

1) Obtain a travel history from all patients presenting with:
   a) fever
   OR
   b) With other signs or symptoms compatible with EVD, such as:
      i) headache,
      ii) myalgia,
      iii) vomiting,
      iv) diarrhea,
      v) abdominal pain, or
      vi) unexplained hemorrhage/bruising
2) Travel History to an affected area within the 21 days before illness onset:
   a) Traveled to an EVD outbreak-affected country, as defined by CDC (currently Liberia, Sierra Leone, and Guinea)
   OR
   b) Had close contact with a confirmed EVD case patient

Ebola symptoms may appear anywhere from 2 to 21 days after exposure, but the average is 8 to 10 days.
Ebola can only be spread after symptoms begin.

Attachments:

- NYC Department of Health & Mental Hygiene: 2014 DOHMH Advisory #35: Ebola Virus Disease Update (October 10, 2014)

ATTACHMENTS CONTAIN LINKS TO EMS RELATED EBOLA INFORMATION. PLEASE READ AND SHARE WITH YOUR EMS PROVIDERS

Current and Updated Protocols can be accessed at the Regional EMS Council website: www.nycremsco.org. Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

Lewis W. Marshall, Jr., MD, JD
Chair,
Regional Emergency Medical Advisory Committee
of New York City

Marie C. Diglio, EMT-P
Executive Director Operations
Regional Emergency Medical Services Council
of New York City

NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Mary T. Bassett, MD, MPH
Commissioner

2014 DOHMH Advisory #35: Ebola Virus Disease Update

Please distribute to staff in the Departments of Pediatrics and Neonatal Medicine, Critical Care, Emergency Medicine, Family Medicine, Geriatric Medicine, Infection Control, Infectious Disease, Internal Medicine, Laboratory Medicine, Nursing, Neurology, and Obstetrics and Gynecology

- **The first and only U.S. case of Ebola virus disease (EVD) was recently reported in Dallas, Texas. No EVD cases have occurred in NYC.**
- **Obtain a travel history from all patients presenting with an illness consistent with EVD. Only persons reporting travel to one of the currently EVD-affected areas are of concern.**
- **The NYC Health Department EVD algorithm (attached) has been modified: fever is no longer a required criterion.**
- **Immediately call the Health Department about patients suspected to have EVD**

October 9, 2014

Dear Colleagues:

The outbreak of Ebola virus disease (EVD) in the West African countries of Liberia, Sierra Leone, and Guinea is the largest in history. The first and only case of EVD occurring in the United States was recently reported in Dallas, Texas, in a person who had recently traveled from Liberia.

Since July 31, 2014, the Health Department has received 88 calls from healthcare providers regarding patients for whom EVD was a concern. Of these, only 11 (12%) met reporting criteria listed above. Of these 11 patients, none reported either High- or Low-Risk Exposures to EVD, and one patient tested negative for Ebola virus at CDC in early August. Alternative diagnoses were made for 9 patients, including malaria (n=8) and typhoid (n=1); the other 2 patients resolved without a final diagnosis. Of the 77 patients reported to the Health Department who did not meet reporting criteria, 49 traveled to an area not currently affected by EVD, and 28 had a clinical presentation not concerning for EVD.

In light of the continuing West African EVD outbreak and potential for EVD to be imported into NYC, the Health Department reminds clinicians that protocols should remain in place to rapidly identify potential cases, including:

- Obtain a travel history from all patients presenting with fever **OR** with other signs or symptoms compatible with EVD (e.g., headache, myalgias, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage).

- Immediately isolate and employ appropriate infection control measures (standard, contact, and droplet) for any patient with fever or compatible signs or symptoms AND a travel history to an affected area within the 21 days before illness onset.

- Report any person who, within the 21 days before illness onset,
  1a. Traveled to an EVD outbreak-affected country, as defined by CDC (see http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html#areas*)
  OR
  1b. Had close contact with a confirmed EVD case patient

  AND

  2a. Has measured or subjective fever
  OR**
  2b. Has other signs or symptoms compatible with EVD (e.g., headache, myalgias, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage)

- For patients meeting clinical and epidemiologic criteria for EVD, obtain history of potential High- or Low-Risk EVD exposures (see attached algorithm).
- Report the patient to the Health Department (866-692-3641), and be prepared to discuss clinical information, travel history, and risk exposure history to help determine whether EVD testing is indicated.
- If the patient has No Known Exposures and no concerning clinical manifestations of EVD, in addition to evaluating for other causes of illness first, the Health Department will recommend close monitoring of the patient for several days. Patients with No Known Exposures who remain hospitalized should be kept in isolation using standard, droplet, and contact precautions until the Health Department determines that EVD is unlikely. If the patient does not need to be hospitalized, the Health Department will recommend voluntary isolation at home until the Health Department determines that EVD is unlikely. During this time, the Health Department will monitor the patient's status daily to ensure resolution of symptoms.
- Simultaneously work-up the patient for potential alternate diagnoses (e.g., malaria).

  *The primary countries of concern are **Liberia, Sierra Leone, and Guinea**. No recent cases have been noted in Nigeria or Senegal, though they are currently still listed as affected countries, since two full incubation periods have not yet passed since the last cases occurred.
  Recognizing the potential for EVD cases to present for care early in their course with low grade or absent fever, and the desirability of ensuring that EVD cases are not released back into the community, for patients meeting epidemiologic criteria, the Health Department now requests notification for patients presenting with EVD clinical criteria of fever **OR other signs and symptoms consistent with EVD. Please see attached updated algorithm.

If the patient does not have a travel history to a known EVD outbreak area, EVD is extremely unlikely and there is no need to report to the Health Department. If there is still concern of EVD (e.g., severe illness compatible with EVD with thrombocytopenia and elevated transaminases), providers should consult the Health Department. To stay up to date on the current list of affected countries, check the CDC website at http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html#areas.

As this is a rapidly evolving situation, providers should frequently check the Health Department (http://www.nyc.gov/html/doh/html/diseases/ebola.shtml) and CDC (www.cdc.gov) websites. As always, we appreciate your partnership in protecting the health of New Yorkers.

Marcelle Layton, MD
Marcelle Layton, MD, Assistant Commissioner
Bureau of Communicable Disease